

USE THIS FORM ONLY FOR CANCELING REGISTRATION IN SAN DIEGO COUNTY

VOTER'S INFORMATION

LAST NAME: _____ FIRST NAME: _____ M.I. _____ Voter ID # _____
(PRINT CLEARLY) (PRINT CLEARLY)

San Diego County Residence Address: _____

Current Address _____

Date of Birth: _____ Place of Birth: _____

In case clarification is needed, please provide your phone number: _____

Please cancel this registration for the following reason: _____

Signature: _____ Date: _____

Relationship to Voter: _____

I _____ certify under penalty of perjury that the information provided is true and correct.
(FULL NAME)

I hereby authorize the San Diego County Registrar of Voters to cancel the above voter registration record.

INCOMPLETE FORMS WILL NOT BE PROCESSED

Please PRINT, SIGN and RETURN completed form:

Via Mail:

Registrar of Voters
P.O. Box 85656
San Diego, CA 92186-9504

Via Fax:

(858)694-2955

Via E-mail:

kristi.toscano@sdcounty.ca.gov